

MISSOURI PREVAILING WAGE REQUEST FORM

ATTN:
Name:

Street Address:
City, State, Zip:
Telephone No:
Fax No:

Please complete this form and mail or fax to

Part A. Offer of Employment

1. Name of Alien (Family name in capital letters. First, Middle, Maiden)

2. Present Address of Alien (Number, Street, City and Town, State ZIP Code or Province, Country)

3. Type of VISA (If in U.S.)

The following information is submitted as evidence of an offer of employment

4. Name of Employer (Full name of organization)

5. _____ - _____ - ____

6. Address (Number, Street, City or Town, Country, State, ZIP Code)

7. Address Where Alien Will Work (If different from item 6)

8. Nature of Employers Business Activity

9. Name of Job Title

10. Total Hours Per Week

a. Basic

b. Overtime

11. Work Schedule (Hrly)
a.m.
p.m.

12. Rate of Pay

a. Basic

b. Overtime

13. Describe Fully the Job to be Performed (duties)

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in Item 13 above

EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)
				Major Field of Study
TRAINING	No. Yrs.		No. Mos.	Type of Training
EXPERIENCE	Job Offered		Related Occupation	Related Occupation (specify)
	Yrs.	Mos.	Yrs.	

15. Other Special Requirements

16. Occupational Title of Person who will be Alien's Immediate Supervisor

17. Number of Employees Alien will Supervise

Remarks: